

in very rare cases that the engorgement is, after some years, reproduced. If, however, by reason of faulty instruments, a mere superficial slice of the tonsil or a portion of its upper or middle part be removed, relapse will follow without much delay. It is highly important to observe, that while at the upper part the pillars of the velum oppose a continual barrier to the tonsils, nothing arrests their development below; so that their chief volume, when enlarged, lies often in this direction. But as this region is not displayed when the mouth is opened and the tongue only moderately depressed, the portion of the tonsil which is then made visible is alone removed; and a part of the diseased tissue below remaining untouched, a relapse is certain to occur. It is from having at an earlier period met with these relapses, due to incomplete operations, that M. Deroubaix turned his attention to the improvements of the instruments employed in tonsillotomy. He rejects the bistoury as not only difficult, but even dangerous in its employment. In fact, he has witnessed a case in which the carotid was fatally perforated. The amygdalotomes formerly in use all erred in consequence of the plate for the reception of the tonsil having its large diameter continuous with the axis of the instrument, while the tonsil is developed in the vertical, and therefore contrary direction. M. Deroubaix first contrived an instrument having its plate placed perpendicularly; but finding it difficult to introduce this low enough in the pharynx to embrace all the diseased tonsil, he so changed the disposition that the plate of the instrument is not perpendicular to the handle but oblique, forming with it an open obtuse angle. This easily embraces the whole of the surface to be removed. The operation can be executed with celerity and certainty. It should never be resorted to during the inflammatory stage; for not only is it then very painful and liable to consecutive accidents, but the tissue of the gland is not firm enough to resist the traction. Although tonsillotomy is usually of easy execution, great difficulty is sometimes produced by the terror or indocility of the patient. This is often only to be overcome by prolonged waiting and watching for the opportunity which the patient, by opening his mouth, at last gives of seizing the tonsil with promptitude. Sometimes a patient who has submitted to the removal of one tonsil, obstinately refuses to allow of the second being removed. Such a case is best met by having two tonsillotomes ready. Immediately that the first tonsil has been excised, almost before the patient is aware of it, the second instrument may be applied. When the conformation of the mouth renders the isthmus difficult of access, it is preferable to depress the tongue by means of the amygdalotome itself, than to employ any special instrument for depressing it, which only complicates the operation. M. Deroubaix has never met with hemorrhage after this operation that could not be controlled by a simple vinegar gargle.—*B. and F. Med.-Chir. Rev.*, Oct. 1863, from *Presse Méd. Belge*, Nos. 31, 38.

27. *Tetanus caused by a Wound of the Hand, treated by Section of the Median Nerve.*—Dr. FAYRER reports (*Indian Annals of Medical Science*, April, 1863) the following interesting example of this:—

"A young Brahmin, named Ram Narain Chatterjee, aged 23 years, was admitted on the morning of the 3d November with a painful condition of his left hand. A week ago he ran some splinters of bamboo into his hand at the root of the thumb. They penetrated, broke off, and remained lodged in the palm of the hand just by the ball of the thumb. Suppuration followed, and, with it, much pain.

"He had had, also, curious spasmodic symptoms during the last three days; he could close the fingers of the injured hand, but when he opened them they were again spasmodically contracted and twisted. The thumb and three fingers supplied by the median nerve only were implicated. He had no spasm of the arm, but he had pains in the shoulder of that side and partial closure of the mouth which opened sufficiently to introduce the handle of a table knife. He was in good spirits, notwithstanding his precarious condition, and he seemed to have enjoyed good health before the accident.

"I made an incision into the palm of the hand and extracted a splinter about an inch in length; he expressed himself relieved after the operation. Ordered him an enema of castor oil and turpentine, and two grains of opium immediately.

"Nov. 4. He is not so well, spasms continue in the hand; has had spasm in the back and some rigidity of the jaw. He slept, but was frequently disturbed by their recurrence. The slightest touch throws the arm back, and jaw into a state of spasm. Ordered tinct. cannabis Indica min. x, Chloroform min. x. every four hours. Enemas of turpentine and oil every six hours. Diet of milk and sago, or whatever he will eat (he is a Brahmin). Poultices, with opium, to the wound.

"On examining the wound closely, I found and removed another small splinter. As the seat of irritation seemed to be in the median, the splinters being impacted just where it divides into its digital branches, I determined to try what effect section of the nerve above the injury would have. I accordingly placed him under the influence of chloroform and divided it just above the annular ligament. The immediate result of the operation was not striking, very little if any change in the condition of the arm followed. I saw him again six hours after; he said that the fingers were somewhat benumbed, but he was in such a state of general uneasiness, from pain in the hand and arm, that he hardly knew of any change except that the contractions of the arm were much less frequent and severe than before.

"He seemed quieter.

"The hemp and chloroform mixture, the opiate poultice, and night opiate were continued.

"5th. He is better this morning, slept pretty well, the rigidity in the neck and jaws is gone. The spasms in the hand and arm continue, but with less violence, and persistence.

"Continue the hemp and chloroform, the poultice, and opiate at bedtime. Enema every six hours.

"6th. Has a good deal of pain in the arm, but the spasms are much less frequent. The hand remains contracted, the fingers firmly bent into the palm. Continue the same treatment.

"7th. Condition generally improving; no pain in the back or jaws. He slept better last night. Continue the same medicine, local applications and food.

"8th. Pain in the arm, and rigidity of fingers less, no return of trismus, the wound in the forearm, where the nerve was divided, is beginning to suppurate.

"9th. He continues to improve. Discontinue the hemp and chloroform. If the bowels are confined give an aperient. Good diet. Dress the wounds with a solution of opium.

"12th. Fresh collection of matter having formed in the hand, made incisions, and, with the pus, removed another splinter, but there has been no return of the spasm. The fingers continue bent into the palm, but less rigidly than before.

"It is needless to go on reporting the daily symptoms, he improved steadily, the hand remained for some time contracted, long after all spasm elsewhere had ceased. But it gradually relaxed, and when he left the hospital on the 28th November, he could with slight effort straighten the fingers, and was regaining the use of them. The wounds in the hand were healed, and that in the wrist was cicatrizing. He had regained much of the lost power, and the hand promises to have much of its former utility.

"It may be said that the hemp, opium and chloroform were the real remedial agents in this case; I do not think so, and those who have seen and watched the progress of traumatic tetanus in this country, and know its obstinacy in resisting all internal remedies, will, I think, incline to agree with me that division of the nerve arrested the mischief. It was done shortly after the tetanic symptoms set in, and before either a generally inflamed condition of the whole median trunk could have been developed, or before that excited state of the cord, which is probably induced in severe and fatal cases of tetanus, had been excited into action. I hope the mode of treatment may meet with further trial; it has, at all events, as much of reason as empiricism to recommend it."

28. *Operations for Strangulated Hernia on very aged Patients.*—Mr. HENRY SMITH relates (*Lancet*, Sept. 5, 1863) a case of strangulated hernia in a female 83 years of age, successfully operated on. Mr. T. M. KENDALL relates in the same Journal (Oct. 10) a perfectly successful operation performed by him on a
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